

# UTILITY PATENT APPLICATION TRANSMITTAL

(New Nonprovisional Applications Under 37 CFR § 1.53(b))

Attorney Docket No.  
009.4040

EXPRESS MAIL #ER 453576572 US

## TO THE ASSISTANT COMMISSIONER FOR PATENTS:

Transmitted herewith is the patent application of ( ) application identifier or (X) first named inventor, WAYNE FRANKLIN CHIP BURTON JR., entitled, for a(n): METHOD AND APPARATUS FOR COMPENSATING DEFIBRILLATOR OPERATORS FOLLOWING AN EVENT

- (X) Original Patent Application.  
( ) Continuing Application (prior application not abandoned):  
 ( ) Continuation ( ) Divisional ( ) Continuation-in-part (CIP)  
 of prior application No: \_\_\_\_\_ Filed on: \_\_\_\_\_  
 ( ) A statement claiming priority under 35 USC § 120 has been added to the specification.

Enclosed are:

- (X) Specification: 11 Total Pages.  
 (X) Claims: 3 Total Pages.  
 (X) Abstract: 1 Total Page.  
 (X) Formal Drawing(s): 5 Total Sheets.  
 ( ) Informal Drawing(s): \_\_\_\_\_ Total Sheets.  
 (X) Oath or Declaration:  
 (X) A Newly Executed Combined Declaration and Power of Attorney:  
 ( ) Signed. (X) Unsigned. ( ) Partially Signed.  
 ( ) A Copy from a Prior Application for Continuation/Divisional (37 CFR § 1.63(d)).  
 ( ) Incorporation by Reference. The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied, is considered as being part of the disclosure of the accompanying application and is hereby incorporated herein by reference.  
 ( ) Signed Statement Deleting Inventor(s) Named in the Prior Application. (37 CFR § 163(d)(2)).  
 ( ) Power of Attorney.  
 ( ) Associate Power of Attorney.  
 ( ) A Check # in the amount of \$ \_\_\_\_\_ for the Fees associated with this filing.  
 ( ) Preliminary Amendment.  
 ( ) A Duplicate Copy of this Form for Processing Fee Against Deposit Account.  
 ( ) A Certified Copy of Priority Documents (if foreign priority is claimed).  
 ( ) Information Disclosure Statement, Form PTO/SB/08A  
 (X) Return Receipt Postcard.  
 ( ) Assignment and Recordation Cover Sheet.  
 ( ) Other: \_\_\_\_\_

| CLAIMS AS FILED                           |           |           |         |          |
|---|-----------|-----------|---------|----------|
| FOR                                       | NO. FILED | NO. EXTRA | RATE    | FEE      |
| Total Claims                              | 16        | 0         | \$18.00 | \$0      |
| Independent Claims                        | 4         | 1         | \$86.00 | \$86.00  |
| Multiple Dependent Claims (if applicable) |           |           |         | \$0      |
| Assignment Recording Fee                  |           |           |         | \$0      |
| Basic Filing Fee                          |           |           |         | \$770.00 |
| Total Filing Fee                          |           |           |         | \$856.00 |

Charge \$ 0 to Deposit Account 50-2091 pursuant to 37 CFR § 1.25. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account 50-2091.

Respectfully submitted,

By:

Brett A. Carlson  
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Date:

11/13/05

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